

VOLUNTEER OMBUDSMAN APPLICATION

Please print in black ink

Name	Address	Phone (s)	Email

Why do you want to be an Ombudsman volunteer?

1. Are you available and willing to work approximately 4 hours a week (Monday through Friday) during working hours (8:00 a.m. – 5:00 p.m.)?

___ Yes ___ No

Comments: _____

2. Are you willing to complete the required written reports? ___ Yes ___ No

3. Have you ever been convicted of a crime other than minor traffic violations? ___ Yes ___ No: If 'yes' please explain:

4. Previous Volunteer Experience:

5. Current Employer (if applicable) :

Name/Address	
Phone	
Your Position	

6. Skills and Experience:

7. Please list three (3) personal references who can attest to your character:
(no relatives please)

Name	Address	Phone	Relationship	# yrs known

8. Do you have any conflict of interest that could interfere with advocating for older individuals living in long-term care facilities? ☐ Yes ☐ No
Explain: _____

9. Have you worked in a long-term care facility in any capacity in the last three (3) years?
☐ Yes ☐ No
If 'yes' please describe:

10. Do you or an immediate family member have a financial interest in a long-term care facility (e.g., owner, employee, partnership, stockholder)? ☐ Yes ☐ No If 'yes' please explain:

11. Have you ever had a relative in a nursing home or assisted living facility?

12. If 'yes', did it influence your decision to become an ombudsman? If 'yes' why?

13. Are you a guardian, conservator or power of attorney for a nursing home or assisted living resident? ☐ Yes ☐ No If 'yes', please give the name of the facility:

Signature of potential volunteer

Date signed